



Date and time received in CRD: _____
(This portion to be filled out by NAB Coordinator)

City of Reno Neighborhood Advisory Board AGENDA RESERVATION FORM

Meeting Date: _____

E-mail Address: _____

NAB/Ward #: _____

Submitted By: _____

Chair Person: _____

Work Phone: _____

Staff Person: _____

Fax Number: _____

Item Title: *Exactly* as it is to read on the agenda; please type or print; Item should read as it appears on information submitted. (Developers, please include City of Reno Planning Dept., Case Number and Description.)

Action Item _____

Informational Only Item _____

Recommended Action/Motion _____

Required Information

Materials Submitted:

Copy of NAB Letter ☐ YES ☐ No

Planning Commission Meeting Date

Board of Adjustment Meeting Date

Reno City Council Meeting Date

Next CTAC Meeting Date

(Complete All Applicable Dates)

To be placed on a Neighborhood Advisory Agenda the "Agenda Reservation Form" is due to Neighborhood Services staff no later than ten (10) working days at 1:00 p.m., prior to the NAB meeting date. Please fax to (775) 334-3124 or hand deliver to 1 E. First Street, 5th Floor, Reno. For additional information, please call (775) 321-8318.